

Testimony of
Daniel Perry
Executive Director
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The Senate Special Committee on Aging

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Chairman Craig, Senator Breaux and distinguished members of the Special Committee on Aging, thank you for this opportunity to address the prevalence of ageism in American healthcare and its regrettable effects on the health of older Americans. Today you are looking into oral health services for seniors and again we see the effects of passive neglect that is ageism pure and simple.

Senator Breaux, last May you presided over a hearing of this Committee, which raised awareness about the systemic bias against older people in American health care. The hearing focused largely on the growing dearth of geriatric trained healthcare providers and the widening gap in access to appropriate care for America's fast growing population of older adults. Today's hearing highlights how the lack of adequate geriatric training among the nation's health care providers, coupled with the systemic age-related bias of the American healthcare system, puts at risk the oral health of millions of older people.

The not-for-profit, Alliance for Aging Research works to ensure that older Americans receive quality healthcare, and have access to the newest and most effective medications, treatments, therapies and medical technologies, without any discrimination based on age.

In the Alliance for Aging Research's May 2003 report, *Ageism: How Healthcare Fails the Elderly*, which we presented to this Committee, we documented how older patients too often do not receive preventive treatments such as vaccines and screening tests that could

potentially prevent diseases from becoming life threatening. This issue is even more acute in geriatric oral healthcare, where several diseases first appear in the mouth and often go unnoticed by periodontal professionals untrained to meet the specific needs of older patients.

Ageism is a deep and often-unconscious prejudice against the old, an attitude that permeates American culture. It is a particularly apparent and especially damaging frame of mind that surfaces all too often in health care settings. Like other patterns of bias – such as racism and sexism – these attitudes diminish us all, but they can be downright deadly to older people in receiving health care.

Older people have medical needs far different from younger adults. On average, most people aged 75 and older have three chronic medical conditions or ailments that require more than four prescription medications at any given time. Comprehensive care of any dental patient requires knowledge of their signs and symptoms, their role in the clinical spectrum of general diseases and conditions, and the most appropriate means to manage their care.

Research supported by the National Institute of Dental and Craniofacial Research continues to show strong connections between one's oral health and risk of systemic disease. The mouth and face can be likened to a crystal ball, predicting diseases and conditions yet to come. Many early warning signs of cardiovascular disease, osteoporosis, diabetes, and cancer can be detected in the health of our teeth, gums, and mouth before they are seen elsewhere in the body.

Without a properly trained geriatric dental workforce, many elder Americans who display symptoms common to many serious diseases often are misdiagnosed, improperly treated, or go completely undiagnosed. I quote from an article that appeared in the May 2003 issue of Journal of Dental Education, "...while teaching in geriatric dentistry has progressively

increased over the years, a significant proportion of graduating dental seniors recognize that they have been insufficiently trained in this subject and feel unprepared for practice.” And, unfortunately the lack of geriatrically trained dentists is equal or more severe for every other health profession – physicians, nurses, pharmacists, and others. This is a serious disconnect that will grow worse unless policymakers and stakeholders take action to address the critical shortage of geriatric health care professionals.

So many unprepared dental providers leaves the profession ill equipped to deal with the oral healthcare needs of America’s aging population, which will double to over 70 million by 2030. Already, some 6000 Americans turn age 65 every day in our country and will grow to 10,000 a day by 2011, representing a growing population that according to the National Institutes of Health is seven times more likely to be diagnosed with oral cancer than those who are younger.

The absence of adequate exposure to the principles of good geriatric medicine during professional training can additionally foster ageist assumptions that “it’s too late” to change the health habits of older people, or worse, that serious and chronic health problems in older patients are a “natural” and therefore acceptable part of the aging process. The bias that underlies these shortcomings would be unacceptable if the elderly were a small percentage of the patient population in our country, but by 2030 almost 1 in 4 of the entire population of the U.S. will be 65 and older. Ageist assumptions that distort the quality of health care for such a large and growing group hurt everyone, because they lead to premature loss of independence on a giant scale, and they increase mortality, disability and depression in older adults who might otherwise lead productive, satisfying and healthier lives.

Medical neglect of the aged often begins even before illness strikes. Many older Americans are given few options when it comes to access of oral care due to their general lack of dental insurance, which is lost for most at retirement, and the absence of coverage under Medicare for basic oral health. Yet, older Americans are most likely to be diagnosed with potentially deadly oral health problems – mouth and throat cancers – than any other group. This combination of inadequate oral health care insurance – reducing access – coupled with the general absence of geriatric training on behalf of the of health professionals, produces a dangerous double whammy to the health of aging Americans.

New models are needed to reform our country's medical, dental, and health care professional education. Every doctor, dentist, nurse, and allied health provider should receive some training in geriatrics prior to graduation. The Alliance envisions special departments or centers of geriatric medicine that will offer interdisciplinary research and training in geriatrics – arming our future health care providers with the necessary skills to properly evaluate and treat older patients. Additionally, we must also recognize that until we realize a more effective mechanism of oral health care insurance for America's older population, many of the challenges to proper geriatric oral health will continue to persist.

Mr. Chairman, the Alliance for Aging Research thanks the Special Committee for its attention to ageism in oral health care. Ageism is not something that we can just accept or ignore, and unfortunately, and it is not something that will just go away. This is a problem that needs strong leadership to develop novel solutions that will elevate and integrate geriatric training in America's medical and dental schools to create a broad based population of health professionals armed with the proper clinical knowledge to meet the needs of older Americans. Thank you.